

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 251-3036
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@dsps.wi.gov
Website: <http://dsps.wi.gov>

PRIVATE DETECTIVE AGENCY RENEWAL ADDENDUM FOR ONLINE PAYMENTS

Agency Name: _____ Credential Number: _____

Please fill in the agency name and credential number and complete the information below. You can then **fax this form to the Renewal Office at (608) 251-3036**. Even though you paid online, the renewal requirements will not be complete until we receive the necessary signatures on this form and a copy of the new bond or proof of insurance if the expiration date is prior to 9/1/2013.

You must check either "yes" or "no", and obtain signatures as follows: For a SOLE PROPRIETORSHIP, the sole proprietor must sign; for a PARTNERSHIP, all partners must sign; for a CORPORATION, the secretary and either the president or vice president must sign; and for a LIMITED LIABILITY COMPANY, all members must sign.

☐ YES ☐ NO HAS ANY OFFICER, PARTNER, MEMBER OR SOLE PROPRIETOR BEEN CONVICTED WITHIN THE PAST TWO YEARS OF A FELONY, A MISDEMEANOR OR A VIOLATION OF ANY STATE OR LOCAL LAW (OTHER THAN TRAFFIC) THAT IS PUNISHABLE BY A FORFEITURE, OR, ARE CHARGES PENDING? (If YES, provide information.)

_____ SIGNATURE AND TITLE	_____ PRINT NAME HERE	_____ DATE
_____ SIGNATURE AND TITLE	_____ PRINT NAME HERE	_____ DATE
_____ SIGNATURE AND TITLE	_____ PRINT NAME HERE	_____ DATE

MAKING A FALSE STATEMENT IN CONNECTION WITH ANY APPLICATION FOR CREDENTIAL IS GROUNDS FOR REVOCATION OR DENIAL.